

## *How to complete a document cover sheet*

Every form filed with the Division of Workers' Compensation (DWC) should have a "document cover sheet." This form is necessary so document information can be recognized by our electronic data system.

You may complete the attached document cover sheet using a typewriter or with block printing. Use the completed sample form as a guide. This form can also be completed online at:

[http://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCA\\_10232\\_1.pdf](http://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCA_10232_1.pdf).

If you are submitting a form to a DWC district office for the first time, check the "new case" box. If you have previously submitted forms or know that you have an open file at a district office, check the box indicating this is not a new case.

If you have multiple cases open at a district office and your form applies to two or more of these cases, check the box indicating that "*companion cases exist.*"

Check the "*walk-through*" box if you are hand-delivering your documents to a DWC district office.

Fill in the date that the form is being prepared using the format shown. Fill in the case number if this is not a new case. If you are filing this form for two or more cases, fill in only one case number in this first section.

Indicate whether your injury is a "*specific injury*" or a "*cumulative injury.*" A specific injury is caused by one event, and the specific date of the event should be entered as the start date using the same date format as in the sample form. A cumulative injury is caused by repeated events, movements, or exposures at work. Enter both a start date and an end date using the same date format as in the sample form. If you do not know the start date, use the date one year prior to the end date.

Fill in the body part(s) using only the "*body part code list*" provided on the last page. Pick the code(s) which best describes the area of your injury. If you have more than five injured body parts, contact an Information and Assistance (I&A) Officer for further instructions.

Check the correct "*unit*" box to direct your form to the right DWC unit. Most filings are sent to ADJ. If you are submitting a form that applies to two or more cases, fill out a separate section for each companion case in the same way the first section was completed.

Send the completed document cover sheet along with the form you are submitting to the correct DWC district office. District office addresses and phone numbers are listed on the back of this guide.

All documents filed with the WCAB must include a document cover sheet and document separator sheet. Please see I&A guides 17 and 18 to learn how to complete these forms. In addition all forms must be typed or handwritten in block letters to insure legibility. Additional form instructions can be found on the EAMS OCR handbook at:

[http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS\\_OCR%20handbook.pdf](http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS_OCR%20handbook.pdf).

## Information & Assistance Unit Guide 17

If you need help, call an Information and Assistance (I&A) office, or attend a workshop for injured workers. The local I&A phone numbers are listed on the back of this guide. You can get information on a local workshop from the I&A office or on the Web at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc).

If you do not have the name and address of your insurance company to complete a form, please link to this site <http://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSClaimsAdmins.asp>.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those present here.

When sending documents to a DWC District Office, please make sure they are not folded or stapled. Send them in a large manila envelope. Please see the EAMS OCR handbook for further instructions.

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&  
A

## **DIVISION OF WORKERS' COMPENSATION DISTRICT OFFICES**

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**ANAHEIM, 92801-1162**

1065 N. Pacific Center Dr., Suite 170  
Information & Assistance Unit **(714) 414-1800**

**BAKERSFIELD, 93301-1929**

1800 30<sup>th</sup> Street, Suite 100  
Information & Assistance Unit **(661) 395-2514**

**EUREKA, 95501-0481**

100 "H" Street, Suite 202  
Information & Assistance Unit **(707) 441-5723**

**FRESNO, 93721-2219**

2550 Mariposa Mall, Suite 4078  
Information & Assistance Unit **(559) 445-5355**

**GOLETA, 93117-5551**

6755 Hollister Avenue, Suite 100  
Information & Assistance Unit **(805) 968-4158**

**GROVER BEACH, 93433-2261**

1562 W. Grand Avenue  
Information & Assistance Unit **(805) 481-3380**

**LONG BEACH, 90802-4304**

300 Ocean Gate Street, Suite 200  
Information & Assistance Unit **(562) 590-5240**

**LOS ANGELES, 90013-2329**

320 West 4<sup>th</sup> Street, 9<sup>th</sup> Floor  
Information & Assistance Unit **(213) 576-7389**

**MARINA DEL REY, CA 90292-6902**

4720 Lincoln Blvd. 2<sup>nd</sup> Floor  
Information & Assistance Unit **(310) 482-3858**

**OAKLAND, 94612**

1515 Clay Street, 6<sup>th</sup> Floor  
Information & Assistance Unit **(510) 622-2861**

**OXNARD, 93036-8293**

2220 East Gonzales Road, Suite 100  
Information & Assistance Unit **(805) 485-3528**

**POMONA, 91768-2653**

732 Corporate Center Drive  
Information & Assistance Unit **(909) 623-8568**

**REDDING, 96001-2796**

2115 Civic Center Drive, Suite 15  
Information & Assistance Unit **(530) 225-2047**

**RIVERSIDE, 92501-3337**

3737 Main Street, Suite 300  
Information & Assistance Unit **(951) 782-4347**

**SACRAMENTO, 95825-2403**

2424 Arden Way, Suite 230  
Information & Assistance Unit **(916) 263-2741**

**SALINAS, 93906-2037**

1880 North Main Street, Suites 100 & 200  
Information & Assistance Unit **(831) 443-3058**

**SAN BERNARDINO, 92401-1411**

464 West Fourth Street, Suite 239  
Information & Assistance Unit **(909) 383-4522**

**SAN DIEGO, 92108-4424**

7575 Metropolitan Drive, Suite 202  
Information & Assistance Unit **(619) 767-2170**

**SAN FRANCISCO, 94102-7014**

455 Golden Gate Avenue, 2<sup>nd</sup> Floor  
Information & Assistance Unit **(415) 703-5020**

**SAN JOSE, 95113-1402**

100 Paseo de San Antonio, Suite 241  
Information & Assistance Unit **(408) 277-1292**

**SANTA ANA, 92701-4033**

28 Civic Center Plaza, Suite 451  
Information & Assistance Unit **(714) 558-4597**

**SANTA ROSA, 95404-4771**

50 "D" Street, Suite 420  
Information & Assistance Unit **(707) 576-2452**

**STOCKTON, 95202-2314**

31 East Channel Street, Suite 344  
Information & Assistance Unit **(209) 948-7980**

**VAN NUYS, 91401-3370**

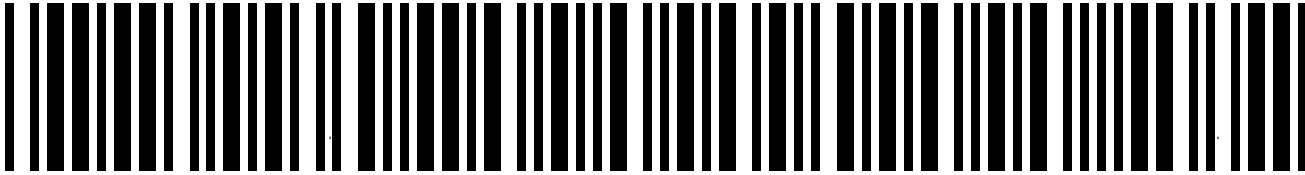
6150 Van Nuys Blvd., Suite 105  
Information & Assistance Unit **(818) 901-5374**



STATE OF CALIFORNIA  
DWC DISTRICT OFFICE

SAMPLE

DOCUMENT COVER SHEET



Is this a new case? Yes ☐ No ☐ Companion Cases Exist ☐ Walkthrough Yes ☐ No ☐

More than 15 Companion Cases ☐

**TODAY'S DATE**

Date:(MM/DD/YYYY)

SSN: **YOUR SSN**

**EAMS CASE NUMBER**

Case Number 1

☐ Specific Injury

**DATE OF INJURY**

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

**IF NEW CASE  
LEAVE BLANK**

**USE CODE FROM  
BODY PART  
CODE LIST, SEE  
PAGE 8**

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

**Please check unit to be filed on ( check only one box )**

☐ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ VOC ☐ INT ☐ RSU

**Companion Cases**

☐ Specific Injury

Case Number 2

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_



☐ Specific Injury

Case Number 3

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

☐ Specific Injury

Case Number 4

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_



Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

☐ Specific Injury

Case Number 5

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_



☐ Specific Injury

Case Number 6

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

☐ Specific Injury

Case Number 7

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

☐ Specific Injury

Case Number 8

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_



Case Number 9

☐ Specific Injury

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

☐ Specific Injury

Case Number 10

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

☐ Specific Injury

Case Number 11

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_



☐ Specific Injury

Case Number 12

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

☐ Specific Injury

Case Number 13

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

☐ Specific Injury

Case Number 14

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_





☐ Specific Injury

Case Number 15

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_



☐ Specific Injury

Case Number 16

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_



## District office codes for place of venue

<b>Legend</b>	
<b>Abbreviation</b>	<b>Office</b>
AHM	Anaheim
ANA	Santa Ana
BAK	Bakersfield
EUR	Eureka
FRE	Fresno
GOL	Goleta
GRO	Grover Beach
LAO	Los Angeles
LBO	Long Beach
MDR	Marina del Rey
OAK	Oakland
OXN	Oxnard
POM	Pomona
RDG	Redding
RIV	Riverside
SAC	Sacramento
SAL	Salinas
SBR	San Bernardino
SDO	San Diego
SFO	San Francisco
SJO	San Jose
SRO	Santa Rosa
STK	Stockton
VNO	Van Nuys

**Use this document to complete forms, but do not file this document with your forms.**

## Body Part Code List

The body part codes listed below are used to complete forms that require the listing of the part of the body that is in issue. Please do not file this document with your forms.

100	Head - not specified	500	Lower extremities - not specified
110	Brain	510	Legs - above ankles, not specified
120	Ear - not specified	511	Thigh femur
121	Ear - external	513	Knee Patella
124	Ear - internal including hearing	515	Lower leg tibia and fibula
130	Eye - including optic nerves and vision	518	Leg - multiple parts any combination of above parts
140	Face - not specified	519	Leg - not specified
141	Jaw - including chin and mandible	520	Ankle malleolus
144	Mouth - including lips, tongue, throat and taste	530	Foot not ankle or toe
145	Teeth	540	Toes
146	Nose - including nasal passages, sinus and smell	598	Lower extremities - multiple parts any combination of above parts
148	Face - multiple parts any combination of above parts	700	Multiple parts more than five major parts use only in fifth position of listing of body parts
149	Face - forehead, cheeks, eyelids	800	Body system - not specific
150	Scalp	801	Circulatory system - heart -other than heart attack, blood, arteries,veins, etc.
160	Skull	802	Circulatory system - Heart attack
198	Head - multiple injury any combination of above parts	810	Digestive system - stomach
200	Neck	820	Excretory system - kidneys, bladder, intestines, etc.
300	Upper extremities - not specified	830	Musculo-skeletal system - bones, joints, tendons, muscles, etc.
310	Arm - above wrist not specified	840	Nervous system - not specified
311	Arm - upper arm humerus	841	Nervous system - stress
313	Arm - elbow head of radius	842	Nervous system - Psychiatric/psych
315	Arm -forearm radius and ulna	850	Respiratory system - lungs, trachea, etc.
318	Arm - multiple parts any combination of above parts	860	Skin dermatitis, etc.
319	Arm - not specified	870	Reproductive systems
320	Wrist	880	Other body systems
330	Hand - not wrist or fingers	999	Unclassified - insufficient information to identify body parts
340	Fingers		
398	Upper extremities - multiple parts any combination of above parts		
400	Trunk - not specified		
410	Abdomen - including internal organs and groin		
411	Hernia		
420	Back - including back muscles, spine and spinal cord		
430	Chest - including ribs, breast bone and internal organs of the chest		
440	Hips - including pelvis, pelvic organs, tailbone, coccyx and buttocks		
450	Shoulders - scapula and clavicle		
498	Trunk - use for side; multiple parts any combination of above parts		

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